

CONNECTICUT ASSOCIATION FOR  
**HEALTHCARE AT HOME**

**TESTIMONY**

Delivered by Tracy Wodatch, Vice President of Clinical and Regulatory Services  
The Connecticut Association for Healthcare at Home

Before the Public Health Committee

**February 28, 2014**

**Raised Bill SB 36**

**AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE  
ACCESS TO HEALTH CARE.**

**To implement the Governor's recommendations concerning  
advanced nursing practice.**

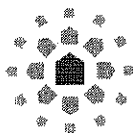
Senator Gerratana, Representative Johnson and members of the Public Health Committee. My name is Tracy Wodatch, Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also an RN with 30 years experience in home health, hospice, long term and acute care.

The Association represents 60 Connecticut DPH licensed/Medicare certified home health and hospice agencies that foster cost-effective, person-centered healthcare in the setting people prefer most – their own home. Collectively, our agency providers deliver care to more CT residents each day than those housed in CT hospitals and nursing homes combined.

We are Connecticut's community-based safety net, ensuring that the chronic conditions of the frail elderly, disabled, and homebound are managed and their care coordinated across the healthcare continuum to avoid unnecessary and costly rehospitalization or institutional care.

**It is unfortunate that we must oppose raised bill SB 36 An Act Concerning the the Governor's Recommendations to Improve Access to Health Care by allowing APRNs to practice independently.**

The goal of this bill is to increase access to primary care by removing the requirement that advanced practice registered nurses practice in collaboration with a licensed physician. Although this may make good sense for most care settings, the federal regulations for home health and hospice require physician certification and physician approval of all plans of care. If APRNs were to work independently, they would not be able to sign any of the orders for their patients' care while receiving home health and hospice services. This would be a significant barrier to smooth transitions of care and optimal person-centered care.



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The Medicare Condition of Participation for Home Health Agencies specific to Medical Supervision (§ 484.18) is as follows: *Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.*

This federal requirement has been a long-standing challenge for the home health and hospice providers as we are the only licensed and certified provider who cannot accept APRN or PA orders. Our Association in collaboration with our state partner associations, the National Association for Home Care and Hospice (NAHC) and the Visiting Nurse Association of America (VNAA) have been advocating at the national level to allow APRNs to sign home health and hospice orders most especially their certification and plans of care. To date, our many years of advocacy to relieve this regulation have fallen on deaf ears.

In addition, seventeen other states have implemented some level of APRN independent practice. Several of them report that it has directly impacted the home health and hospice referrals and has, in some instances, caused a greater rift in coordination of care. Physicians struggle with the burdensome federal requirements for home health and hospice on their own patients never mind having to sign even more orders for an APRN's patients that they don't even know.

Unfortunately, until the federal regulations for home health and hospice change to allow APRNs to certify and sign home health and hospice orders, passing this bill will backfire on the many chronically ill, frail elderly and disabled, homebound residents trying desperately to stay in their homes. At the same time, we will likely see a significant increase in the need for re-hospitalization or institutional care.

Should APRNs be allowed to practice independently? Yes, but not until the federal requirements also allow them to certify and sign home health and hospice orders.

Thank you and if you have any further questions, please contact me directly at [Wodatch@cthealthcareathome.org](mailto:Wodatch@cthealthcareathome.org) or 203-774-4940.